**Informed Consent for Counseling**

Instructions: Please enter your information into the appropriate fields, check boxes, or item lists. Once you have entered your information, you may save the data so it will appear the next time you open the form. Choose File > Save As… Create a new name for your copy and save it on your computer.

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| **STUDENT INFORMATION** | | | |
| Student Name: | | | |
| Practicum / Internship Site: | | | |
| Academic Degree: | Study Program: | | Course: |
| **SITE SUPERVISOR INFORMATION** | | | |
| Site Supervisor Name: | | Title: | |
| Phone: | | Email: | |
| **UNIVERSITY SUPERVISOR INFORMATION** | | | |
| University Supervisor Name: | | Title: | |
| Phone: | | Email: | |
| **INFORMED CONSENT** | | | |
| **Introduction** – Please take time to read and understand this form. This informed consent document is intended to give you general information about my counseling services. If you have any questions about signing this document and/or would like a copy of this document, please ask me and I will provide you with this information. The Counseling Department at the University of Texas at San Antonio requires that I obtain your signature, acknowledging that I have provided you with this information, before I provide you with any professional services. Please understand that you may end this Agreement at any time.  **Nature of Counseling** – There may be both benefits and risks while participating in counseling. Counseling may improve your ability to relate with others, provide a clearer understanding of yourself, your values, and your goals. Since counseling may also involve discussing unpleasant parts of your life, you may also experience uncomfortable feelings. Counseling often leads to better relationships, solutions to specific problems, and significant improvement in feelings of distress. Please understand that there are no guarantees of what you will experience.  In your first session, I will provide you with some sense of what counseling will involve and how I will work with you to address your concerns. Whenever they arise, please discuss any questions you may have with me. You have the right to ask about or to decline any part of your counseling. You also have the right to request another counselor. You have the right to an explanation of any tests/questionnaires and you may decline participation at any time. You also have the right to a summary (which may be either verbal or written) of any test results.  **Emergency** – In some instances, you might need immediate help at a time when I am unavailable or cannot return your call. These emergencies may involve thoughts of harming yourself or others, or thoughts of committing dangerous acts. If you find yourself in any emergency situation, please contact the site or university information listed on this form. If, for whatever reason, that option is not available to you, please visit the nearest hospital emergency room.  **Supervision** – You have the right to know the name of my supervisor(s) and how to contact her or him. Because of my training, my supervisor may ask about our counseling for confidential supervisory and training purposes. Occasionally, I may find it helpful to consult with other professional staff about a case. If you don’t object, I will not tell you about these consultations unless I feel that it is important our work together. I will note all consultations in my clinical notes.  **Confidentiality** – The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about our professional relationship if you sign a written | | | |

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| **Limits of Confidentiality** – There are some situations in which I am legally obligated to take actions that I believe may be necessary to protect you or others from harm. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.  If I have reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency.  If I believe you present a clear and substantial danger of harm to yourself or another/others, I am ethically obligated to take protective actions.  These actions may include contacting family members, seeking hospitalization for you, notifying any potential victim(s), and notifying the police. While this summary is designed to provide an overview of confidentiality and its limits, please let me know of any questions or concerns you may have.  **Statement of Acknowledgement** – I have read and understand the statement and have had the opportunity to discuss it before revealing personal information about myself. | | |
| **SIGNATURES** | | |
| Client’s Signature | Printed | Date |
| Signature of Parent/Guardian (if client is under 18) | Printed | Date |
| Student Counselor’s Signature | Shana M. Pink | May 7, 2012 |
| Site Supervisor’s Signature | Printed | Date |